

North Dakota Comprehensive Cancer Control Sub-Contract Program

REQUEST FOR PROPOSALS

Implementation for the Sub-contract Program Budget Period of
September 2015 – June 2016

North Dakota's Cancer Control Plan, developed by the North Dakota Cancer Coalition (NDCC) under the guidance and direction of the North Dakota Comprehensive Cancer Control Program (ND CCCP), provides an integrated plan of action that highlights activities targeting cancer prevention, early detection, treatment and survivorship as well as state cancer control priorities. The ND CCCP is soliciting proposals that address North Dakota cancer control priorities.

Applicants may request up to a \$7,000 grant proposal budget. Up to eight sub-contracts will be awarded. The North Dakota Department of Health (NDDoH) payment process works on a reimbursement basis only. Your agency/organization incurs the expense for budgeted goods and services **before** the NDDoH can pay you.

Applicants must use the 2011-2016 North Dakota Cancer Control Plan as a guide in developing their grant proposal. The North Dakota Cancer Control Plan can be downloaded at:
<http://www.ndhealth.gov/compcancer/>.

Funds should be used to address new or continuing cancer-related interventions. Projects must have a focus on North Dakota cancer control priorities (see Appendix 3). Proposals must also include evidence-based interventions and policy, systems or environmental change (PSE) approaches* within the action/evaluation plan. (See page 4 and Appendix 3 for further details.)

All North Dakota Cancer Coalition member organizations are invited to apply. Non-members and previous sub-contract project grantees are invited to apply for 2015-2016 funds. Past grantees that apply for funds may propose continuation of prior sub-contract project activities but are required to expand their prior project by adding additional strategies and/or sites.

Subcontract proposals are encouraged to address all areas of the cancer continuum, which includes: prevention, screening, and survivorship. See Appendix 3 for suggested topics. A minimum of one subcontract will be funded addressing for each of the following priority areas:

- Worksite wellness
 - This subcontract must include evidence-based strategies to increase physical activity in the workplace.
- HPV prevention
- UV safety

Bonus points will be given to the following proposals:

- Increasing colorectal cancer screening rates within an organization or service area
- New project proposals
- Proposals that focus on disparate populations (minority or low-income population)

- Examples of low income can include, but are not limited to, participation in SNAP, WIC and Medicaid

This will be reflected in additional bonus points as noted in Appendix 4.

NDCCCP staff will be available to answer questions, review grant applications and provide recommendations for revisions until July 22, 2015.

*Policy, systems and environmental change is a way of modifying the environment to make healthy choices practical and available to all community members.

Below is the schedule that will be followed for this request for grant proposals:

Schedule	Date
Request for grant proposal released	June 22, 2015
Notice of intent required via e-mail	June 30, 2015
Conference call with prospective applicants regarding request for grant proposal application (strongly encouraged) *If the grant writer is not able to attend the call, a substitute may attend on their behalf.	July 7, 2015 at 3:00-4:00 pm (Central Time) or July 8, 2015 at 9:00-10:00 am (Central Time)
Last day to request technical assistance with grant proposal from NDCCCP staff	July 22, 2015 at close of business
Proposal submission deadline	12:00 (noon) CDT on July 24, 2015
Notice of grant award issued (via e-mail)	Week of August 10 th , 2015
Grantee start-up call (mandatory) *If the project manager is not able to attend the call, a substitute may attend on their behalf.	Week of August 17 th , 2015
Grantee will receive project contract for signature	August 2015
Grantee signs and returns contract	August 2015
North Dakota Department of Health completes required signatures	September 2015
North Dakota Department of Health returns completed contract to grantee	September 2015
Approximate contract start date	September 15, 2015

INSTRUCTIONS FOR COMPLETING GRANT PROPOSAL

Eligibility

Applicants are eligible to submit a proposal if (must meet one of the following):

- The organization is a member of the North Dakota Cancer Coalition **AND** is a federally tax exempt organization.
- An individual NDCC member, who is not a federally tax exempt organization, partners with a federally tax exempt organization that serves as the fiscal agent for the project.
- A non-member organization or individual who meets one of the two criteria above, may submit a proposal but must apply for NDCC membership at time of grant award.

Notification of Intent

Notification of intent to apply is **REQUIRED**. *Deadline for this notice is June 30th, 2015.*

Please e-mail a “notification of intent to apply” message to ndcc@nd.gov Notification must include the following:

1. Topic area to be addressed
2. Contact information of the primary person working on the proposal.

Format of Submission and Receipt of Application

Application may not exceed **12 typewritten pages**, excluding the cover page, evaluation page of the action plan and letters of support. Proposals must be typed in Times New Roman font as follows:

- Narrative in 12 point font and must be double spaced (not to exceed five pages)
- Action plan and budget (no less than 10.5 point font) single spaced (not to exceed six pages)

Proposal Components

1.) Cover Page *(not included in the page limit)*

(Use template provided)

- Project title
- Applicant information
- Date of proposal submission

2.) Project Narrative

*(Use template provided with no more than **five pages**, double-spaced and portrait orientation)*

Topics to include:

Statement of Need and Capacity *(up to one page)*

- Describe the geographical area and target population you plan to reach. Be as specific as possible.
- Describe the identified need(s) of your target population and how the needs were determined. List data sources.
- Describe capacity to implement the proposed project and prior experience implementing similar projects.

Project Description *(up to four pages)*

- List your project goal(s).
- List North Dakota cancer control priorities that are met by this project (see Appendix 3).
 - Include how your proposed project goal will link to cancer prevention and control.
- Describe how you will address the identified need – include how your proposed project will link to cancer prevention and control.
- List North Dakota Cancer Control Plan objectives and strategies have you identified that will guide the implementation of your project.
- Identify at least two project objectives and/or strategies that you plan to evaluate and explain why. (up to one page)
- What NDCC priority(s) are met by this project? (see priorities listed in the Request for Proposal)
- Describe the strategies you plan to implement related to policy, systems and/or environmental change. (up to one page)



- Plans for sustainability of this project beyond the funded project period.(limit to one paragraph)
- Identify other individuals/organizations you plan on partnering with and their role in the project
- Describe prior experience implementing similar projects. (limited to one paragraph)

3.) Action/Evaluation Plan

(Use template provided, may be up to 4 pages)

The action/evaluation plan will have four primary components: goal(s), objective(s), strategies and evaluation.

Goal(s)

- Project goal(s) – Goals are broad, generalized statements about what is to be learned. Think of them as a target to be reached or “hit”.
Example: Improve the quality of life of Ward County residents who are living with cancer.

Objective(s)

- Project objectives – Objectives are SMART (specific, measurable, achievable, relevant and timely) and are the foundation upon which you base your strategies or activities. You can think of objectives as tools you use to reach your goals. They are arrows you shoot towards your target (goal). Include a baseline and target measurement.
Specific: Cover the who, what, when, and how
Measurable: Have a source to measure progress
Achievable: Be guided by common sense
Relevant (or Realistic): Related to the results that you want to see based on your goal
Time-bound (or Timely): Have a reasonable end date

Example of SMART objective when baseline is known:

By June 17, 2016, 250 Grand Forks County residents 50 and older will report an increased knowledge of colorectal cancer from 20 to 35 percent.

Example of SMART objective when baseline is unknown:

By June 17, 2016, 150 community members will complete a fitness challenge program and report an increased knowledge of 20 percent of the connection between fitness and cancer.

Strategies

- Identify strategies planned to accomplish the objectives – Describe in detail and logical order the strategies you plan to implement to meet the objectives.
 - Is this a new or ongoing strategy? Include as many “evidence-based” or “evidence-informed” strategies as possible (for more information on evidence-based and evidence informed strategies see Appendix 1).
 - Denote strategies that are PSE approaches by (PSE) at the end of these strategies.
- Resources needed – May include people, time, monetary, materials, etc.
- Timeline to complete – Determine deadlines for strategies to be completed.



- Team member(s) responsible – Identify team members responsible for each project strategy.

To assist the review committee, note within your action plan objectives and strategies that are:

1. Found in the 2011-2016 North Dakota Cancer Control Plan (<http://www.ndhealth.gov/compcancer/>)
2. Listed as Evidence-based or Insufficient Evidence in the Community Guide (see Appendix 1)

For information about PSE approaches, contact Janna Pastir at jlpastir@nd.gov.

Evaluation

- Following the award of the sub-contract grant, technical assistance will be given to each grantee to review and assist with the development of a project specific evaluation plan that will identify appropriate evaluation questions, methods, indicators, and timelines.

4.) Estimated Budget and Justification (3 pages)

Complete the attached budget breakdown and justification document which include:

- Organization Name and Project Title
- Budget and justification for requested funds. The budget should include what you are requesting per budget category to be funded. **The primary purpose for the justification is to provide support for funds requested. Please describe how each item will be used within the project and any other information that will aid the proposal review committee in evaluating the proposed budget items.**
- For Personnel, explain the function of the position related to project strategies.
- In-direct costs for the project are to be included as facility in-kind in the budget.
- Purchasing of educational items/incentives, with sub-contract funds, is allowable on a limited basis.
 - The applicant must be able to demonstrate that use of the incentive will enhance implementation of your project objectives. The type of incentive item(s) requested must provide support or reinforcement for objectives and associated activities.
 - Prospective applicants considering inclusion of incentives with sub-contract funds must contact **Janna Pastir at 701.328.3046** to discuss guidelines for purchase of incentives. **A specific form requesting purchase of incentives is required to be included with the proposal.** This form will be provided to the applicant after determining appropriateness of incentives within the proposed project.
- Worksite wellness projects may include Health Risk Assessments in the budget
- Any in-kind support projected.
 - Other organizations/individuals providing financial support.
 - Your organization's contribution.
 - Other contributing partners
 - Monetary – Partner that provides financial support (i.e. another non-federal grant), salary or other purchased items.
 - Non-Monetary – Estimate value of non-monetary in-kind (i.e. use of free media, meeting rooms, office supplies and/or fitness equipment.)

**See sample action/evaluation plan and budget in Appendix 5.*

Restrictions and Guidelines

Certain restrictions apply to the use of sub-contract funds including:

- Sub-contract funds may not be used for any lobbying efforts at the local, state or federal level.
- Sub-contract funds may not be used for purchasing food.
- Sub-contract funds may not be used for screening procedures.
- Sub-contract funds may not be used to purchase equipment.
- Sub-contract funds are by reimbursement only with no pre-payment allowed.

**All budget items are subject to review and revision if determined not acceptable for funding.*

Certain guidelines apply for the use of sub-contract funds including:

- Activities must target residents and tribal communities within North Dakota.
- Materials produced with sub-contract funds must be pre-approved prior to printing, include the North Dakota Comprehensive Cancer Control Program (ND CCCP) logo and follow the North Dakota Department of Health logo printing guidelines (this will be provided if printing is planned).

5) Letters of Support *(letters of support are not included in the page limit of your proposal)*

Provide up to two letters of support from key partners who will be working with you on your project. The letters of support should contain the partner's level of involvement in the project and type of anticipated support.

Confirmation of Receipt of Proposal

Confirmation of receipt of proposal will be e-mailed to the primary contact person, as identified on the cover page.

Request for Grant Proposal Deadline

No proposals will be accepted after the proposal submission deadline of **noon central time on July 24, 2015.**

Review of Submitted Proposals

The sub-contract project review committee members are grant writing experts, however, they are not professionals in cancer prevention and control. It is important to keep this in mind when writing your proposal.

Selection

Completed proposals that comply with the guidelines will be submitted for review. Proposals may receive up to the following maximum number of points for each criterion:

- Following format guidelines = 5 points
- Narrative = 40 points
- Action Plan which includes PSE strategies = 35 points
- Budget = 20 points

Preference, with bonus points, will be given to the following proposals:

- New project proposals
- Proposals that address disparate populations (minority and low-income population)
 - Examples of low income can include, but are not limited to, participation in SNAP, WIC and Medicaid

For more detailed information on scoring, see Appendix 4.

Notice of Awards

Only one application will be reviewed and/or awarded per organization or individual. Notice of Award letters will be sent via e-mail. An e-mail reply confirming acceptance of grant award is required. Awarded funds will be available for expenditure as designated by the grantee contract.

Sub-contract Project Start Up Conference Call (mandatory)

A start-up conference call for all 2015-2016 sub-contract grantees will be held during the week of August 17, 2015. Notification of the date and times of the call will be provided at the time of grant award. If the program manager is unable to participate in the conference call, a substitute may attend on their behalf.

Communication during project period

There will be monthly calls as noted below with a roster of call topics provided at the beginning of the project period. One of the monthly calls will be a group call with all grantees, focused on implementation of PSE approaches.

Reporting Requirements

Community grant awardees will be required to prepare and submit the following reports and meet the date of submission deadlines. These reports will be emailed to the primary contact person identified on the cover page after the funding agreement/contract between the North Dakota Department of Health and grantee is signed. The requirements and dates include, but are not limited to:

Report	Date
Request for Reimbursement (RFR) (via electronic billing on the Program Reporting System on the ND Department of Health website)	RFRs may be submitted at the discretion of the grantee ranging from monthly to once at the end of the project period. Final RFR due no later than June 29, 2016.
Monthly Conference Calls (<i>mandatory unless determined otherwise</i>)	Brief updates, once a month
Interim Progress Report	Due February 5, 2016
Project Activities Complete	Due June 17, 2016
Final Report	Due June 29, 2016

**COMMUNITY SUB-CONTRACT APPLICATION ELECTRONIC SUBMISSION
DUE NO LATER THAN 12:00 PM CDT ON JULY 24, 2015**

E-MAIL COMPLETED APPLICATION TO: ndcc@nd.gov

Completed application to include:

- Cover page
- Project narrative
- Action/evaluation plan
- Budget and justification
 - If requesting incentives, must also submit the incentive request form
- Up to two letters of support from the applicant's key partners

Please direct any questions about the application to ndcc@nd.gov or call Janna Pastir at 701.328.3046

Financial support for this program is provided through the North Dakota Department of Health, Comprehensive Cancer Control Program, and the State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health. Funds are used from the U.S. Centers for Disease Control and Prevention Cooperative Agreement Numbers: 5U58DP003934 and 2U58SP004825

2015-2016 North Dakota Comprehensive Cancer Control Program Sub-Contract Project Appendices

- Appendix 1: Evidence-Based, Insufficient Evidence
and Evidence-Informed Strategies**
Appendix 2: Utilization of the North Dakota Cancer Control Plan
Appendix 3: Recommended Evidence-Based Interventions
Appendix 4: Scoring Information
(Appendix 5: Example of Action Plan/Budget is a separate document)

Appendix 1 – Evidence-Based, Insufficient Evidence and Evidence-Informed Strategies

As the evidence in the cancer prevention and control literature on effective interventions grows, programs should consider including these interventions in their plans and implementing them as feasible and relevant to their priorities.

The two types of terms used throughout the 2011-2016 North Dakota Cancer Control Plan includes the following:

Evidence-based: The systematic review of available studies that provides strong or sufficient evidence that the intervention is effective.

Insufficient evidence: The available studies do not provide sufficient evidence to determine if the intervention is, or is not, effective. This does NOT mean that the intervention does not work. It means that additional evaluation is needed to determine whether or not the intervention is effective.

Evidence-based strategies, as listed in the Community Guide or Cancer Control Planet, may not always work in specific situations without making minor adaptations to elements of the strategy that would not affect the projected outcome. It is called “***Evidence-Informed***” when these minor adaptations are made to evidence-based strategies. Please contact Comprehensive Cancer Control program staff at ndcc@nd.gov if you are considering an adjustment to minor elements of an evidence-based strategy.

To learn more about guidelines and/or recommendations for evidence-based practice go to:

Guidelines/Recommendations:

- Cancer Control Planet <http://cancercontrolplanet.cancer.gov/>
- United States Preventive Services Task Force (USPSTF) <http://www.ahrq.gov/clinic/uspstfix.htm>
- National Guideline Clearinghouse (AHRQ) <http://www.guideline.gov/>
- Guide to Community Preventive Services (The Community Guide) <http://www.thecommunityguide.org/>
- MMWR Recommendations <http://www.cdc.gov/mmwr/>

Appendix 2 – Utilization of the North Dakota Cancer Control Plan to Develop the Project Action Plan

The 2011-2016 North Dakota Cancer Control Plan found at (<http://www.ndhealth.gov/compcancer/>) must be used in developing the project plan. **Please identify the cancer plan strategies you will be addressing as part of your project plan**



within the narrative and action plan. For further explanation of how strategies from the North Dakota Cancer Control Plan are to be used in developing your project plan, please contact ndcc@nd.gov.

Appendix 3 – Recommended Evidence-Based Interventions Addressing North Dakota’s Burden of Cancer

We encourage all prospective ND CCCP Community Sub-Contract applicants to implement projects that focus on the North Dakota Burden of Cancer using the 2011-2016 North Dakota Cancer Control Plan as a guide. The proposal must demonstrate in the project narrative a connection for cancer prevention and control with their project. All proposals **MUST** include Policy System and Environmental Change Approaches (PSE) within the action/evaluation plan. Proposed PSE strategies need to demonstrate work toward or completion of a policy, system or environmental change.

North Dakota Cancer Control Evidenced-Based Priorities

Prevention:

Any project planned in this area must have a strong connection between the prevention topic and cancer prevention. The prevention areas to be funded include; physical activity, nutrition, obesity prevention, UV protection and HPV vaccination/prevention.

Examples of projects include:

1. Physical activity, nutrition and obesity prevention
 - a. Worksites
 - i. Promote access to healthy foods in the worksite by establishing a comprehensive worksite wellness program.
 1. Include working toward worksite wellness policies to establish the program, promote healthy food at meetings, and increase access to healthy food at the worksite.
 - ii. Increase support for breastfeeding within the organization as part of a comprehensive worksite wellness program; or focus on increasing the number of businesses with a policy supporting mothers who breastfeed and apply for the infant-friendly worksite designation.
 - iii. Promote increased physical activity in the worksite by establishing a comprehensive worksite wellness program or assisting businesses in your community establish a comprehensive worksite wellness program.
 1. Include working toward worksite wellness policies to establish the program and promote physical activity in the workplace.
 - iv. Worksite wellness projects may include Health Risk Assessments as a part of a comprehensive worksite wellness program.
 - b. Schools
 - i. Promote access to healthy foods in the school setting by participating in efforts to revise school wellness policies. Policy could address concessions, incentives in the classroom, fundraising, school parties, and school stores.
 - ii. Promote increased physical activity in schools by participating in efforts to revise school wellness policies. Policy could address integrating physical activity in the classroom, recess time, quality and quantity of physical



education classes, increased opportunities for extracurricular physical activity, and promoting walking and biking to school.

- c. Community
 - i. Promote access to healthy foods in the community by increasing accessibility to farmers markets and/or community gardens.
 - ii. Increasing availability of healthier food (including fruits and vegetables) and beverages in public service venues.
 - iii. Enhance infrastructure supporting walking (and bicycling) in a community by assessing the walkability of your community, educating decision makers on the importance of improving community walkability, and participating in community planning regarding community walkability.
2. Sun protection:
 - a. Provide education on the link to UV radiation and skin cancer in schools, worksites, and/or other community settings.
 - b. Implementation of sun protection strategies and education in recreational settings.
 - i. May want to consider projects with other partners such as: local swimming pools Parks and Recreation programs and YMCAs.
 - c. Implementation of the strategies from the “Be Sun Savvy Coaches” Manual in schools for students, providing sun protection education.
 - d. Work with daycare providers to implement guidelines that provide sun protection.
3. HPV Prevention:
 - a. Provide HPV prevention education and strategies to facilitate completed immunization series.

Cancer Screening:

1. Promote colorectal cancer screening as North Dakota ranks in the bottom quartile of states for screening rates and in the highest quartile for incidence and mortality related to colorectal cancer. **Colorectal cancer screening is a priority of the NDCC and ND CCCP. The NDCC has signed the American Cancer Society pledge to reach 80% by 2018 initiative to increase colorectal cancer screening in age eligible men and women.**
 - a. Proposed projects cannot pay for screening tests.
 - b. We encourage finding a partner, such as a healthcare facility, that will cover or reduce screening costs for take-home stool testing such as the Fecal Occult Blood Test. Grant funds can be used to facilitate screening and provide education.
2. Implement a project that provides education of screenable cancers, promotes screening and includes informed/shared decision making in worksites or at the community level.
 - a. Provide education regarding the current cancer screening guidelines.
 - i. What screening tests are available for screenable cancers?
 - ii. How to discuss cancer screening options with health-care providers?
 - b. Provide education about the possible risks and benefits of cancer screenings and include tools for informed decision making with healthcare providers.
3. Partner with programs such as *Women’s Way*, rural health and public health clinics, tribal health/Indian Health Services and other state or local cancer screening programs to promote screening for the underinsured or uninsured.
4. Implement a project focused on male cancer screening and education. Male screening rates are lower than female rates for colorectal cancer. Cancer incidence and mortality



rates are higher for men according to the 2010 North Dakota Cancer Coalition Cancer Burden Study.

- a. If possible, include a component in the proposal that would facilitate cancer screening.
5. Promote screening for skin cancer in an effort to detect melanoma at the earliest stage.
 - a. Support efforts to conduct community-based skin cancer screening events.
 - i. Proposed projects cannot pay for office visit or skin exam, but can be used for educational materials.
 - b. If you are an NDCC member not able to provide cancer screening, partner with a healthcare provider facilitating the screening process.
 - c. Plan to include education regarding self-examination and sun protection as part of any project.

Survivorship:

1. Develop and facilitate cancer survivorship programming for cancer survivors, caregiver, health-care professionals and general public.
 - a. Conduct an education campaign for the general public about cancer survivorship and strategies that support cancer survivorship.
 - b. Promote implementation of individualized cancer survivorship plans.
 - c. Promote strategies to improve quality of life for survivors such as wellness programming that includes physical activity, nutrition and other survivorship components.

For examples of previously funded projects, go to the NDCC website at www.ndcancercoalition.org. Select the “Resources” tab and then ND CCCP Sub-Contracts.

For questions on North Dakota cancer control priority areas related to prevention, contact Janna Pastir at jlpastir@nd.gov. For questions on priority areas related to screening or survivorship, contact Joyce Sayler at jsayler@nd.gov.

Appendix 4 – Scoring Information

Following Format Guidelines (up to 5 points possible)

See pages 3-6 of the Request for Grant Proposals for guidance.

Project Narrative (up to 40 points possible)

****Includes Statement of Need/Capacity and Project Description**

Statement of Need and Capacity (total of five points possible)

This section should clearly define the nature and scope of the geographical area and the need of the target population.

1. Described the geographical area and target population you plan to reach – 0 points awarded, but is mandatory to address
2. Described the identified need(s) of your target population – 3 points
3. Capacity and prior experience to implement the proposed project – 2 points

Project Description (total of 35 points possible)

This section should link the core of the problem (statement of need) that will be addressed through the project to the project goals. Activities should be in logical order and describe in detail how the proposed project will work.

4. Statement regarding project – Is this a new project, or if a previously funded project, the number of consecutive years the project has received funding – 0 points awarded, but is mandatory to address
5. Identified goal(s) – up to 3 points
6. Described how the identified need will be addressed – up to 5 points
7. Identified NDCC cancer plan objectives and strategies that will guide the implementation of the project – up to 5 points
8. Identified PSE approaches that will be incorporated into project – up to 10 points
9. Sustainability of the project beyond the funded project period – 4 points
10. Identified other partnering individuals/organizations and their role in the project – up to 3 points
11. Identify at least two project objectives and/or strategies that you plan to evaluate and explain why. – up to 5 points

Project Action/Evaluation Plan (total of 35 points possible) (see example action/evaluation plan in Appendix 5)

This section should lay-out the project implementation process. The proposed action/evaluation plan must address the following:

1. Developed goals that are broad generalized statements about what is to be accomplished – 0 points will be awarded, but is mandatory to address
2. Developed SMART objectives – up to 5 points
3. Identified specific strategies, resources needed, time line to complete, team member(s) responsible – up to 10 points
4. Evaluation plan includes tools to evaluate the projected level of success or achievement of the strategy – up to 5 points
5. The extent to which evidence-based interventions are used within the application – up to 5 points
6. Identified strategies that include PSE approaches – up to 10 points

Project Budget (up to 18 points possible) (see example budget in Appendix 5)

1. The extent to which there is in-kind support for the project – up to 5 points
2. The extent to which the sub-contract grant funds requested relates to project goal – up to 5 points
3. Extent of adequate justification for budget items – up to 4 points
4. Identified all budgetary items specific in regard to cost per item and the total number of items/services etc. projected for use during the grant period – up to 4 points
5. If purchase of incentives is requested with project funds, the appropriate incentive request form is completed and is included with the proposal budget. No points are awarded for incentive requests.

Letters of Support (up to 2 points possible)

Bonus Points

Additional points will be awarded for proposals addressing the following:

1. New projects – up to 5 points
2. Proposals that address disparate (low income and minority) populations - up to 5 points
 - a. Examples of low income can include, but are not limited to, participation in SNAP, WIC and Medicaid
3. Increasing colorectal cancer screening rates within an organization or service area- up to 5 points

It is possible to have up to 15 bonus points